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## \*BIBDATASHEET\*

CONFIRMATION NO. 1232

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/635,951	<b>FILING OR 371(c) DATE</b> 08/07/2003 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1623	<b>ATTORNEY DOCKET NO.</b> 12181ZA
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## APPLICANTS

Matti Siren, Fin-Helsingfors, FINLAND;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a DIV of 09/876,637 06/07/2001 PAT 6,632,797  
 which is a CON of 09/202,908 10/12/1999 ABN \*  
 (\*)Data provided by applicant is not consistent with PTO records.

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

SWEDEN 9602463-3 06/24/1996  
 SWEDEN PCT/SE97/01115 06/23/1997

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
 11/19/2003

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> FINLAND	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 41	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>				

## ADDRESS

23389

## TITLE

Method of treating inflammatory, tissue repair and infectious conditions

<b>FILING FEE RECEIVED</b> 2038	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit



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*M.C.H*

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~~*M.C.H* SWEDEN PCT/SE 97/01115 06/23/1997~~

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Verified and Acknowledged  
 Examiner's Signature *M.C.H* Initials

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 23389  
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 SUITE 300  
 GARDEN CITY, NY  
 11530

TITLE  
 METHOD OF TREATING INFLAMMATORY, TISSUE REPAIR AND INFECTIOUS CONDITIONS

FILING FEE	FEES: Authority has been given in Paper	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of
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